

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) C2949-PCT

Box No. I TITLE OF INVENTION
Variable antibodies

Box No. II APPLICANT ☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

D. Collen Research Foundation vzw
Onderwijs en Navorsing, Campus Gasthuisberg
Herestraat 49
B-3000 Leuven
Belgium

Telephone No.
00 32 16 34 57 75

Facsimile No.
00 32 16 34 59 90

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:
BE

State (that is, country) of residence:
BE

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SAINT-REMY, Jean-Marie
Rue du Lambais, 79
B-1390 Grez-Doiceau
Belgium

This person is:

☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
BE

State (that is, country) of residence:
BE

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: ☒ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

BIRD, William E.
Bird Goën & Co
Klein Dalenstraat 42A
B-3020 Winksele
Belgium

Telephone No.
+ 32 16 48 05 62

Facsimile No.
+ 32 16 48 05 28

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> JACQUEMIN, Marc Rue Morimont 45 B-5330 Sart-Bernard Belgium	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No. with the Office
State <i>(that is, country)</i> of nationality: BE	State <i>(that is, country)</i> of residence: BE
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> 	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No. with the Office
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> 	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No. with the Office
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> 	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No. with the Office
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> 	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No. with the Office
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	

Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

1. *If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:*
 - (i) *if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;*
 - (ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;*
 - (iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;*
 - (iv) *if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;*
 - (v) *if, in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.*
2. *If the applicant intends to make an indication of the wish that the international application be treated, in certain designated States, as an application for a patent of addition, certificate of addition, inventor's certificate of addition or utility certificate of addition: in such a case, write the name or two-letter code of each designated State concerned and the indication "patent of addition," "certificate of addition," "inventor's certificate of addition" or "utility certificate of addition," the number of the parent application or parent patent or other parent grant and the date of grant of the parent patent or other patent grant or the date of filing of the parent application (Rules 4.11(a)(iii) and 49bis.1(a) or (b)).*
3. *If the applicant intends to make an indication of the wish that the international application be treated, in the United States of America, as a continuation or continuation-in-part of an earlier application: in such a case, write "United States of America" or "US" and the indication "continuation" or "continuation-in-part" and the number and the filing date of the parent application (Rules 4.11(a)(iv) and 49bis.1(d)).*

Continuation of Box No. IV:

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HERTOGHE, Kris
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Fax: +32-16-48 05 28

Box No. V DESIGNATIONS

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- ☐ DE Germany is not designated for any kind of national protection
- ☐ KR Republic of Korea is not designated for any kind of national protection
- ☐ RU Russian Federation is not designated for any kind of national protection

(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application: * regional Office	international application: receiving Office
item (1) 14 August 2003 (14.08.03)	GB 0319118.6	GB		
item (2) 18 August 2003 (18.08.03)	GB 0319345.5	GB		
item (3)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items ☐ item (1) ☐ item (2) ☐ item (3) ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EP

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- | | | |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):		Number of items
(a) in paper form, the following number of sheets:		1. <input checked="" type="checkbox"/> fee calculation sheet		1
request (including declaration sheets)	5	2. <input type="checkbox"/> original separate power of attorney		
description (excluding sequence listing and/or tables related thereto)	75	3. <input type="checkbox"/> original general power of attorney		
claims	6	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:		
abstract	1	5. <input type="checkbox"/> statement explaining lack of signature		
drawings	14	6. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s):		2
Sub-total number of sheets	101	7. <input type="checkbox"/> translation of international application into (language):		
sequence listing	20	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material		
tables related thereto		9. <input checked="" type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)		
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)		
Total number of sheets	121	(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter		
(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))		(iii) <input checked="" type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column		1p
(i) <input type="checkbox"/> sequence listing		10. <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers)		
(ii) <input type="checkbox"/> tables related thereto		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)		
(c) <input checked="" type="checkbox"/> also in computer readable form (Section 801(a)(ii))		(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)		
(i) <input checked="" type="checkbox"/> sequence listing		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column		
(ii) <input type="checkbox"/> tables related thereto		11. <input type="checkbox"/> other (specify):		
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the				
<input checked="" type="checkbox"/> sequence listing: 1. diskette				
<input type="checkbox"/> tables related thereto:				
(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)				

Figure of the drawings which should accompany the abstract: 8

Language of filing of the international application: ENGLISH

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).



William E. BIRD

For receiving Office use only	
1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference

C2949-PCT

Applicant

D. Collen Research Foundation vzw

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE EUR 40,- T

2. SEARCH FEE EUR 1.550,- S

International search to be carried out by

EP

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } 101
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

i1 first 30 sheets 902 EUR i1

i2 71 x 10 EUR = 710 EUR i2
number of sheets fee per sheet
in excess of 30

i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x = i3
fee per sheet

Add amounts entered at i1, i2 and i3 and enter total at I 1612 EUR I

(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) P

5. TOTAL FEES PAYABLE 3202 EUR

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

MODE OF PAYMENT

☐ authorization to charge
deposit account (see below)

☐ postal money order

☐ cash

☐ coupons

☒ cheque

☐ bank draft

☐ revenue stamps

☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☐ Authorization to charge the total fees indicated above.

☐ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

☐ Authorization to charge the fee for priority document.

Receiving Office: RO/ BE PTO

Deposit Account No.:

Date: 16 August 2004

Name: William E. Bird

Signature: 

Bird Goën & Co C.V.

William Bird, MA (Cambridge), C.Eng. (1)(2)(3)(4)(5)

Ariane Bird (Goën) (1)(8)
Electronics, Physics, Telecommunications

Kris Hertoghe (1)(7)
Electronics, Mechanics, Physics

Thierry Dubost (1)(2)(6)
Chemistry, Biochemistry, Pharmacology

Liesbet Paemen, Ph.D. (1)
Life Sciences, Biotechnology, Plant Genetics

Ivo De Baere, Ph.D.
Biotechnology, Life Sciences

An De Vrieze, Ph.D.
Semiconductor Processing, Chemistry

Davy Wauters, Ph.D.
Physics, Optics

consultant
Peter N. Cutforth, MA Eng (Cambridge) (1)(2)(3)(4)
Telecommunications, Software, Electronics

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European Patent (1) and Trademark (2) Attorney
Registered British Patent (3) and Trademark (4) Agent
Deutscher Patentassessor (5)
French Patent and Trademark Attorney (6)
Belgian Patent Attorney (7)
Ingénieur en Propriété Intellectuelle (CEIPI) (8)

FEDERALE OVERHEIDSDIENST ECONOMIE

Dienst voor de intellectuele Eigendom

North Gate III

Koning Albert II-laan, 16

1000 Brussel

Winksele, August 16, 2004

Re: New PCT patent application
Applicant: D. Collen Research Foundation vzw
Title: "Variable antibodies"
Our ref: C2949-PCT/wb/aj

Dear Madam, dear Sir,

I herewith confirm that the information recorded on the data carrier is identical to the written sequence listing.

Very truly yours,



William E. Bird

Applicant's or agent's file reference C2949-PCT	International application No.
--	-------------------------------

**INDICATIONS RELATING TO DEPOSITED MICROORGANISM
OR OTHER BIOLOGICAL MATERIAL**

(PCT Rule 13bis)

A. The indications made below relate to the deposited microorganism or other biological material referred to in the description on page <u>39</u> , line <u>4-10</u>	
B. IDENTIFICATION OF DEPOSIT Further deposits are identified on an additional sheet <input checked="" type="checkbox"/>	
Name of depositary institution BCCM/LMBP (Belgian Co-ordinated Collection of Microorganisms/ Plasmid Collection)	
Address of depositary institution (including postal code and country) Department of Molecular Biology Ghent University, K.L. Ledeganckstraat 35 B-9000 Ghent, BELGIUM Present address: Technologiepark 927 B-9052 Zwijnaarde, Belgium	
Date of deposit 1 July 1999	Accession Number LMBP 5089CB
C. ADDITIONAL INDICATIONS (leave blank if not applicable) This information is continued on an additional sheet <input checked="" type="checkbox"/>	
Deposit form and viability sheet attached (2 pages)	
D. DESIGNATED STATES FOR WHICH INDICATIONS ARE MADE (if the indications are not for all designated States)	
E. SEPARATE FURNISHING OF INDICATIONS (leave blank if not applicable)	
The indications listed below will be submitted to the International Bureau later (specify the general nature of the indications e.g., "Accession Number of Deposit")	

For receiving Office use only
<input type="checkbox"/> This sheet was received with the international application
Authorized officer

For International Bureau use only
<input type="checkbox"/> This sheet was received by the International Bureau on:
Authorized officer

**BELGIAN COORDINATED COLLECTIONS OF MICROORGANISMS - BCCM™
LMBP-COLLECTION**

Page 1 of Form BCCM™/LMBP/BP/4/99-14 Receipt in the case of an original deposit

**Budapest Treaty on the International Recognition of the Deposit of Microorganisms for
the Purposes of Patent Procedure**

Receipt in the case of an original deposit issued pursuant to Rule 7.1 by the
International Depositary Authority BCCM™/LMBP identified at the bottom of next page

International Form BCCM™/LMBP/BP/4/99-14

To : Name of the depositor : JACQUEMIN MARC

Address : Center for Molecular and Vascular Biology
Onderwijs & Navorsing
Herestraat 49
3000 Leuven

I. Identification of the microorganism:

I.1 Identification reference given by the depositor:

KRIX 1

I.2 Accession number given by the International Depositary Authority:

LMBP 5089CB

BELGIAN COORDINATED COLLECTIONS OF MICROORGANISMS - BCCM™
LMBP-COLLECTION

Page 1 of Form BCCM™/LMBP/BP/9/99-14 Viability statement

Budapest Treaty on the International Recognition of the Deposit of Microorganisms for
the Purposes of Patent Procedure

Viability statement issued pursuant to Rule 10.2 by the International Depositary
Authority BCCM™/LMBP identified on the following page

International Form BCCM™/LMBP/BP/9/99-14

To : Party to whom the viability statement is issued:

Name : JACQUEMIN MARC

Address : Center for Molecular and Vascular Biology
Onderwijs & Navorsing
Herestraat 49
3000 Leuven

I. Depositor:

I.1 Name : JACQUEMIN MARC

I.2 Address : Center for Molecular and Vascular Biology
Onderwijs & Navorsing
Herestraat 49
3000 Leuven

II. Identification of the microorganism:

II.1 Accession number given by the International Depositary Authority:

LMBP 5089CB

II.2 Date of the original deposit (or where a new deposit or a transfer has been
made, the most recent relevant date) : July 1, 1999

III. Viability statement.

The viability of the microorganism identified under II above was tested on

: July 9, 1999

(Give date. In the cases referred to in Rule 10.2(a)(ii) and (iii), refer to the most recent
viability test).

On that date, the said microorganism was: (mark the applicable box with a cross)

☒ viable

☐ no longer viable

Applicant's or agent's
file reference C2949-PCT

International application No.

**INDICATIONS RELATING TO DEPOSITED MICROORGANISM
OR OTHER BIOLOGICAL MATERIAL**

(PCT Rule 13bis)

A. The indications made below relate to the deposited microorganism or other biological material referred to in the description on page <u>70</u> , line <u>21-27</u>	
B. IDENTIFICATION OF DEPOSIT Further deposits are identified on an additional sheet <input checked="" type="checkbox"/>	
Name of depositary institution BCCM/LMBP (Belgian Co-ordinated Collection of Microorganisms/ Plasmid Collection)	
Address of depositary institution (including postal code and country) Department of Molecular Biology Ghent University Technologiepark 927 B-9052 Zwijnaarde, Belgium	
Date of deposit August 2004	Accession Number
C. ADDITIONAL INDICATIONS (leave blank if not applicable) This information is continued on an additional sheet <input type="checkbox"/>	
Deposit date, number, deposit form and viability sheet to be supplied	
D. DESIGNATED STATES FOR WHICH INDICATIONS ARE MADE (if the indications are not for all designated States)	
E. SEPARATE FURNISHING OF INDICATIONS (leave blank if not applicable)	
The indications listed below will be submitted to the International Bureau later (specify the general nature of the indications e.g., "Accession Number of Deposit")	

For receiving Office use only	
<input type="checkbox"/> This sheet was received with the international application	
Authorized officer	

For International Bureau use only	
<input type="checkbox"/> This sheet was received by the International Bureau on:	
Authorized officer	